



# Nebraska Behavioral Health Care Management and Provider Contracting/Credentialing

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Behavioral Health Provider Webinar

Facilitated by:  
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- WellCare of Nebraska's Behavioral Health Program is a fully integrated part of our health plan
- We have specific Behavioral Health experienced staff located in Nebraska in our care model as well as provider relations
- WellCare of Nebraska views our providers as partners and want them to participate in developing our innovations and movement towards value based purchasing
- Our care model is inclusive of community based treatment providers and addressing whole person needs

# Behavioral Health Integrated Model of Care

## Basic Principles

- Whole person orientation
  - Seamless coordination of medical/behavioral/social/financial needs of members
- Accessibility of services
  - Geographically close to members
  - Co-location when possible
- Promote wellness and self-care programs
  - Peer Support services
    - Inform and educate our members, providers and staff about recovery and resiliency
- Promote the use of health homes for case management to assure coordination and unified treatment planning
- Comprehensive 24/7 crisis program for members
- There is one fluid Care Model, with multiple parts
- We must all work together to provide the right care at the right time
- Consistent approaches to care management ensures quality
- Each role is critical to our models success (clinical, behavioral and non-clinical)

## Behavioral Health Integrated Model of Care

### Care Management

- ❖ Our model is designed to connect members with their treating providers in an effective and expeditious way
- ❖ We use data to identify member's with high utilization who need intensive and ongoing case management support and intervention at the provider level
- ❖ Uses evidence based best practice to inform utilization and care management processes
- ❖ UM process emphasizes transition to community based services when possible

### Case Management – telephonic and field based services

- ❖ Assessment member's total needs that includes social, environmental and financial barriers to care
- ❖ Use of our community outreach, advocacy programs to identify and obtain resources for our members
- ❖ Coordination with agencies such as homeless shelters, food banks and housing programs to assist members with their needs and other organizations like courts, state agencies and public health

### Network

- ❖ Identifies providers who are focused on the whole person strategy and aligned with our integration strategies
- ❖ Partner with these providers to develop our high performing networks

### Quality

- ❖ Improve member's quality of life by providing early intervention on impactable co-occurring conditions
- ❖ Use of data to demonstrate outcomes
- ❖ Institute a meaningful dialogue with providers to develop pay for performance strategies and innovations to reduce fragmented care and improve outcomes for members

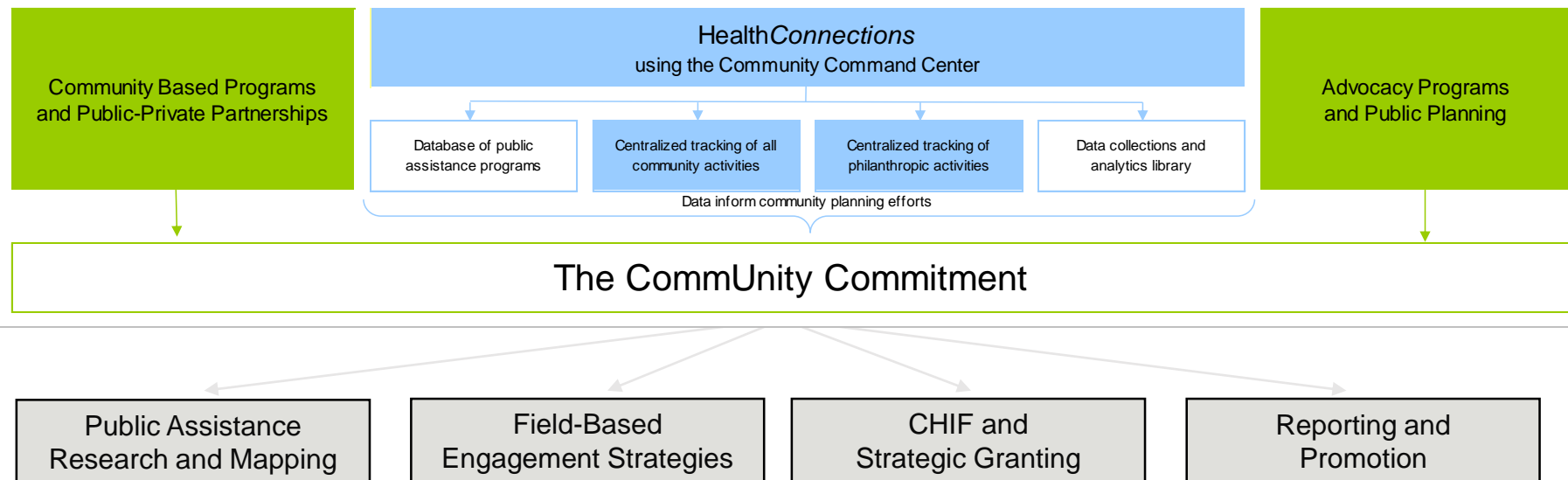
## **WellCare's Program recognizes some Behavioral Health populations require coordination with community based providers**

Special populations such as SMI Adults (Seriously Mentally Ill) and SED- Children (Serious Emotional Disturbance) benefit best from community based care management:

- Specific and deliberate care coordination when transitioning from hospital to community
- For adults community based care management (TCM) through the community mental health providers enhances recovery efforts and reduces hospital admissions
- For children and adolescents coordination of multiple systems- family, school, juvenile justice etc. and community based care management can best serve

# Community Advocacy and Outreach Model

## Advocacy and Community Based Programs



## Linking Social Services with Health Outcomes

- Assembling data on the social service network in all states served by WellCare (by zip code)
- Assessing the viability of the social service network in all states served by WellCare
- Preparing resource analytics to identify social service gaps
- Implementing community-based, gap-fill solutions
- Measuring impact of social supports on health

## Here is a listing of commonly requested services that require Prior Authorization

Inpatient / Ambulatory Detox

Inpatient Mental Health or Substance Abuse

*(PA not need for admission. Clinical must be submitted within 24 hours of member's admit)*

Inpatient or Outpatient Electroconvulsive therapy (ECT)

Assertive Community Treatment (ACT)

Psychosocial Rehabilitation Services

Partial Hospitalization Program (PHP)

Intensive Outpatient Therapy (IOP)

Mental Health • Substance Abuse

Psychological Testing

Residential Treatment (PRTF)

### **Prior authorizations may be requested three ways:**

- Online via the secure Provider Portal
- Fax
- Phone for urgent requests

## Here is a listing of commonly requested services that Do Not require Prior Authorization

Emergency Services  
Crisis Services

Behavioral Health Professional 9000 Therapy Codes

- Individual
- Family
- Group

Medication Management





Clinical Coverage Guidelines

ASAM Criteria

ECSII

LOCUS and CALOCUS

InterQual Criteria

## Resources Available On Web Portal:

### Clinical Coverage Guidelines (CCGs)

We offer a helpful search tool that allows providers to search evidence-based guidelines detailing the medical necessity of procedures or technologies

### Clinical Practice Guidelines (CPGs)

Best-practice recommendations based on available clinical outcome trends and scientific evidence

### Authorization Look-up Tool

An easy way to verify authorization requirements by CPT codes and place of service

- WellCare follows NCQA credentialing requirements
- All BH providers on State Medicaid file have been sent a contract and credentialing application
- For individual providers a completed credentialing application or a recently-attested CAQH number is needed to do our primary source verification
- You will be contacted by a staff member if your application is not complete. If complete you will receive written notification when the process is complete.

## Facility/Agency credentialing:

- Facilities that bill under one TIN and one group NPI number will be offered the Ancillary Credentialing application for completion
- This 4 page application asks for organizational information and credentials the facility as a whole – we do not need to credential individual providers
- Rosters can also be requested of these entities to show the numbers of providers, what types, and what locations are associated with the main corporate entity
- Examples of this would be:
  - Community Mental Health Centers (CMHC)
  - Substance Abuse Treatment Centers
  - Residential Treatment Centers

Providers properly credentialed in 2016 will have a contract effective date of January 1, 2017 to coincide with the launch of Heritage Health.

For providers who submit their contracts and are credentialed after January 1, 2017, contracts will be effective the first day of the following month.

The provider will receive a letter advising them of their contract's effective date, along with an executed copy of the contract. The letter will also include their new WellCare provider identification number and instructions on how to register as a participating provider on our website.

- Claims must be submitted within **180 days** of the date of service
- Claims will be processed and paid or denied within **15 business days** of receipt
- Daily check runs for both paper checks and electronic funds transfer (EFT) payments, except for Sundays and the last day of each month

## **You may submit claims to WellCare three ways:**

1. Electronic Submission via Electronic Data Interchange
  - a) WellCare's preferred clearinghouse is RelayHealth
2. Direct Data Entry through secure web portal
3. Paper Claims may be mailed to:

**WellCare of Nebraska  
Claims Department  
PO Box 31372  
Tampa, FL 33631**

## Behavioral Health Contacts

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For questions/support or to request a contract packet:

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*Local Contact:*

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